



General Assembly

January Session, 2005

***Raised Bill No. 1145***

LCO No. 3266

\*03266\_\_\_\_\_PH\_\*

Referred to Committee on Public Health

Introduced by:  
(PH)

***AN ACT CONCERNING REVISIONS TO THE OFFICE OF HEALTH  
CARE ACCESS STATUTES.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-613 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2005*):

3 (a) The Office of Health Care Access may employ the most effective  
4 and practical means necessary to fulfill the purposes of this chapter,  
5 which may include, but need not be limited to:

6 (1) Collecting patient-level outpatient data from health care facilities  
7 or institutions, as defined in section 19a-630;

8 (2) Establishing a cooperative data collection effort, across public  
9 and private sectors, to assure that adequate health care personnel  
10 demographics are readily available; and

11 (3) Performing the duties and functions as enumerated in subsection  
12 (b) of this section.

13 (b) The office shall: (1) Authorize and oversee the collection of data

14 required to carry out the provisions of this chapter; (2) oversee and  
15 coordinate health system planning for the state; (3) monitor health care  
16 costs; and (4) implement and oversee health care reform as enacted by  
17 the General Assembly.

18 (c) The Commissioner of Health Care Access or any person the  
19 commissioner designates may conduct a hearing and render a final  
20 decision in any case when a hearing is required or authorized under  
21 the provisions of any statute dealing with the Office of Health Care  
22 Access.

23 [(d) The office shall monitor graduate medical education and its  
24 sources of funding and shall annually (1) review the financial  
25 implications of such education for hospitals, and (2) evaluate the effect  
26 of such education on (A) access to health care, and (B) sufficiency of  
27 the health care provider workforce. The office shall create an advisory  
28 council to advise the commissioner on graduate medical education. For  
29 purposes of this subsection, "graduate medical education" means the  
30 formal clinical education and training of a physician or other health  
31 care provider that follows graduation from medical school and  
32 prepares the physician or health care provider for licensure and  
33 practice.

34 (e) Not later than January 1, 2000, and annually thereafter, the office  
35 shall submit a report on its findings and recommendations to the joint  
36 standing committee of the General Assembly having cognizance of  
37 matters relating to public health, in accordance with the provisions of  
38 section 11-4a.]

39 Sec. 2. Subsection (c) of section 19a-493b of the general statutes is  
40 repealed and the following is substituted in lieu thereof (*Effective*  
41 *October 1, 2005*):

42 (c) Notwithstanding the provisions of this section, no outpatient  
43 surgical facility shall be required to comply with section [19a-617a,  
44 19a-631, 19a-632, 19a-637a, 19a-644, 19a-645, 19a-646, 19a-648, 19a-649,

19a-650, 19a-652, or 19a-654 to 19a-683, inclusive. Each outpatient surgical facility shall continue to be subject to the obligations and requirements applicable to such facility, including, but not limited to, any applicable provision of this chapter and those provisions of chapter 368z not specified in this subsection, except that a request for permission to undertake a transfer or change of ownership or control shall not be required pursuant to subsection (a) of section 19a-638 if the Office of Health Care Access determines that the following conditions are satisfied: (1) Prior to any such transfer or change of ownership or control, the outpatient surgical facility shall be owned and controlled exclusively by persons licensed pursuant to section 20-13, either directly or through a limited liability company, formed pursuant to chapter 613, a corporation, formed pursuant to chapters 601 and 602, or a limited liability partnership, formed pursuant to chapter 614, that is exclusively owned by persons licensed pursuant to section 20-13, or is under the interim control of an estate executor or conservator pending transfer of an ownership interest or control to a person licensed under section 20-13, and (2) after any such transfer or change of ownership or control, persons licensed pursuant to section 20-13, a limited liability company, formed pursuant to chapter 613, a corporation, formed pursuant to chapters 601 and 602, or a limited liability partnership, formed pursuant to chapter 614, that is exclusively owned by persons licensed pursuant to section 20-13, shall own and control no less than a sixty per cent interest in the outpatient surgical facility.

Sec. 3. Subsections (b) and (c) of section 19a-637 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

(b) Any data submitted to or obtained or compiled by the office with respect to its deliberations under sections 19a-637 to [19a-640] 19a-639e, inclusive, as amended by this act, with respect to nursing homes, licensed under chapter 368v, shall be made available to the Department of Public Health.

78 (c) Notwithstanding the provisions of subsection (a) of this section,  
79 the office [in its deliberations under section 19a-640,] shall not direct or  
80 control the use of the following resources of [the] any hospital;  
81 [concerned:] The principal and all income from restricted and  
82 unrestricted grants, gifts, contributions, bequests and endowments.

83 Sec. 4. Subsection (e) of section 19a-639 of the general statutes is  
84 repealed and the following is substituted in lieu thereof (*Effective*  
85 *October 1, 2005*):

86 (e) Notwithstanding the provisions of section 19a-638, subsection (a)  
87 of section 19a-639a or subsection (a) of this section, no school-based  
88 health care center shall be subject to the provisions of section 19a-638  
89 or subsection (a) of this section if the center: (1) Is or will be licensed by  
90 the Department of Public Health as an outpatient clinic; (2) [has been  
91 approved by the Department of Public Health as meeting its standard  
92 model for comprehensive school-based health centers; (3)] proposes  
93 capital expenditures not exceeding one million dollars and does not  
94 exceed such amount; [(4)] (3) once operational, continues to operate  
95 and provide services in accordance with the department's [standard  
96 model] licensing standards for comprehensive school-based health  
97 centers; and [(5)] (4) is or will be located entirely on the property of a  
98 functioning school.

99 Sec. 5. Subsection (b) of section 19a-639a of the general statutes is  
100 repealed and the following is substituted in lieu thereof (*Effective*  
101 *October 1, 2005*):

102 (b) Each health care facility or institution exempted under this  
103 section shall register with the office by filing the information required  
104 by subdivision (4) of subsection (a) of section 19a-638 for a letter of  
105 intent at least ten business days but not more than sixty calendar days  
106 prior to commencing operations and prior to changing, expanding,  
107 terminating or relocating any facility or service otherwise covered by  
108 section 19a-638, or subsection (a) of section 19a-639 or covered by both  
109 sections or subsections, except that, if the facility or institution is in

110 operation on June 5, 1998, said information shall be filed not more than  
111 sixty days after said date. Not later than ten business days after the  
112 office receives a completed filing required under this subsection, the  
113 office shall provide the health care facility or institution with written  
114 acknowledgment of receipt. Such acknowledgment shall constitute  
115 permission to operate or change, expand, terminate or relocate such a  
116 facility or institution or to make an expenditure consistent with an  
117 authorization received under subsection (a) of section 19a-639 until the  
118 next September thirtieth. Each entity exempted under this section shall  
119 renew its exemption [annually] biennially by filing current information  
120 [each] once every two years in September.

121 Sec. 6. Section 19a-639e of the general statutes is repealed and the  
122 following is substituted in lieu thereof (*Effective October 1, 2005*):

123 Notwithstanding the provisions of sections 19a-486 to 19a-486h,  
124 inclusive, section 19a-638, 19a-639, as amended by this act, or any other  
125 provision of [this] chapter 368z, the Office of Health Care Access may  
126 refuse to accept as filed or submitted a letter of intent or a certificate of  
127 need application from any person or health care facility or institution  
128 that failed to submit any required data or information, or has filed any  
129 required data or information that is incomplete or not filed in a timely  
130 fashion. Prior to any refusal and accompanying moratorium under the  
131 provisions of this section, the Commissioner of Health Care Access  
132 shall notify the person or health care facility or institution, in writing,  
133 and such notice shall identify the data or information that was not  
134 received and the data or information that is incomplete in any respect.  
135 Such person or health care facility or institution shall have [ten] fifteen  
136 business days [after receipt of] from the date of mailing the notice to  
137 provide the commissioner with the required data or information. Such  
138 refusal and related moratorium on accepting a letter of intent or a  
139 certificate of need application may remain in effect, at the discretion of  
140 the Commissioner of Health Care Access, until the office determines  
141 that all required data has been submitted. The commissioner shall have  
142 fifteen business days to notify the person or health care facility or

143 institution submitting the data and information whether or not the  
144 letter of intent or certificate of need application is refused. Nothing in  
145 this section shall preclude or limit the office from taking any other  
146 action authorized by law concerning late, incomplete or inaccurate  
147 data submission in addition to such a refusal and accompanying  
148 moratorium.

149 Sec. 7. Section 19a-641 of the general statutes is repealed and the  
150 following is substituted in lieu thereof (*Effective October 1, 2005*):

151 Any health care facility or institution and any state health care  
152 facility or institution aggrieved by any final decision of said office  
153 under the provisions of sections 19a-630 to [19a-640] 19a-639e,  
154 inclusive, as amended by this act, or section 19a-648 or 19a-650, may  
155 appeal [therefrom] from such decision in accordance with the  
156 provisions of section 4-183, except venue shall be in the judicial district  
157 in which it is located. Such appeal shall have precedence in respect to  
158 order of trial over all other cases except writs of habeas corpus, actions  
159 brought by or on behalf of the state, including informations on the  
160 relation of private individuals, and appeals from awards or decisions  
161 of workers' compensation commissioners.

162 Sec. 8. Subsection (a) of section 19a-643 of the general statutes is  
163 repealed and the following is substituted in lieu thereof (*Effective*  
164 *October 1, 2005*):

165 (a) The office shall adopt regulations, in accordance with the  
166 provisions of chapter 54, to carry out the provisions of sections 19a-630  
167 to [19a-640] 19a-639e, inclusive, as amended by this act, and sections  
168 19a-644, 19a-645, as amended by this act, and 19a-648, concerning the  
169 submission of data by health care facilities and institutions, including  
170 data on dealings between health care facilities and institutions and  
171 their affiliates, and, with regard to requests or proposals pursuant to  
172 sections 19a-638 and 19a-639, by state health care facilities and  
173 institutions, the ongoing inspections by the office of board-approved  
174 operating budgets of health care facilities and institutions, [after their

175 approval,] standard reporting forms and standard accounting  
176 procedures to be utilized by health care facilities and institutions and  
177 the transferability of line items in the [approved] board-approved  
178 operating budgets of the health care facilities and institutions, except  
179 that any health care facility or institution may transfer any amounts  
180 among items in its operating budget, [ provided such facility or  
181 institution is not exceeding and will not exceed its overall operating  
182 budget.] All such transfers shall be reported to the office within thirty  
183 days of the transfer or transfers.

184 Sec. 9. Section 19a-645 of the general statutes is repealed and the  
185 following is substituted in lieu thereof (*Effective October 1, 2005*):

186 A nonprofit hospital, licensed by the Department of Public Health,  
187 which provides lodging, care and treatment to members of the public,  
188 and which wishes to enlarge its public facilities by adding contiguous  
189 land and buildings thereon, if any, the title to which it cannot  
190 otherwise acquire, may prefer a complaint for the right to take such  
191 land to the superior court for the judicial district in which such land is  
192 located, provided such hospital shall have received the approval of the  
193 Office of Health Care Access under section 19a-639, as amended by  
194 this act. [or 19a-640.] Said court shall appoint a committee of three  
195 disinterested persons, who, after examining the premises and hearing  
196 the parties, shall report to the court as to the necessity and propriety of  
197 such enlargement and as to the quantity, boundaries and value of the  
198 land and buildings thereon, if any, which they deem proper to be  
199 taken for such purpose and the damages resulting from such taking. If  
200 such committee reports that such enlargement is necessary and proper  
201 and the court accepts such report, the decision of said court thereon  
202 shall have the effect of a judgment and execution may be issued  
203 thereon accordingly, in favor of the person to whom damages may be  
204 assessed, for the amount thereof; and, on payment thereof, the title to  
205 the land and buildings thereon, if any, for such purpose shall be vested  
206 in the complainant, but such land and buildings thereon, if any, shall  
207 not be taken until such damages are paid to such owner or deposited

208 with said court, for such owner's use, within thirty days after such  
 209 report is accepted. If such application is denied, the owner of the land  
 210 shall recover costs of the applicant, to be taxed by said court, which  
 211 may issue execution therefor. Land so taken shall be held by such  
 212 hospital and used only for the public purpose stated in its complaint to  
 213 the superior court. No land dedicated or otherwise reserved as open  
 214 space or park land or for other recreational purposes and no land  
 215 belonging to any town, city or borough shall be taken under the  
 216 provisions of this section.

217 Sec. 10. Section 19a-653 of the general statutes is repealed and the  
 218 following is substituted in lieu thereof (*Effective October 1, 2005*):

219 (a) (1) Any person or health care [provider which] facility or  
 220 institution that owns, operates or is seeking to acquire [a computer  
 221 axial tomography (CT) scanner,] major medical [imaging] equipment [,  
 222 or] with a capital expenditure in excess of four hundred thousand  
 223 dollars, scanning equipment, cineangiography equipment, a linear  
 224 accelerator or equipment with technology that is developed or  
 225 introduced into the state on or after October 1, 2005, or any person or  
 226 health care facility [,] or institution [, person or provider] that is  
 227 required to file data or information under any public or special act or  
 228 under this chapter or sections 19a-486 to 19a-486h, inclusive, or any  
 229 regulation adopted or order issued [thereunder] under this chapter or  
 230 said sections, which fails to so file within prescribed time periods, shall  
 231 be subject to a civil penalty of up to one thousand dollars a day for  
 232 each day such information is missing, incomplete or inaccurate. Any  
 233 civil penalty authorized by this section shall be imposed by the Office  
 234 of Health Care Access in accordance with subsections (b) to (e),  
 235 inclusive, of this section.

236 (2) If [an applicant or provider] a person or health care facility or  
 237 institution is unsure whether a certificate of need is required under  
 238 section 19a-638 or section 19a-639, or under both sections, it shall send  
 239 a letter to the office describing the project and requesting that the office



240 make such a determination. A person making a request for a  
241 determination as to whether a certificate of need, waiver or exemption  
242 is required shall provide the office with any information the office  
243 requests as part of its determination process.

244 (b) If the office has reason to believe that a violation has occurred for  
245 which a civil penalty is authorized by subsection (a) of this section, it  
246 shall notify the person or health care facility [,] or institution [or  
247 provider,] by first-class mail or personal service. The notice shall  
248 include: (1) A reference to the sections of the statute or regulation  
249 involved; (2) a short and plain statement of the matters asserted or  
250 charged; (3) a statement of the amount of the civil penalty or penalties  
251 to be imposed; (4) the initial date of the imposition of the penalty; and  
252 (5) a statement of the party's right to a hearing.

253 (c) The person or health care facility [,] or institution [, person or  
254 provider] to whom the notice is addressed shall have [ten calendar]  
255 fifteen business days from the date of mailing of the notice to make  
256 written application to the office to request (1) a hearing to contest the  
257 imposition of the penalty, or (2) an extension of time to file the  
258 required data. A failure to make a timely request for a hearing or an  
259 extension of time to file the required data or a denial of a request for an  
260 extension of time shall result in a final order for the imposition of the  
261 penalty. All hearings under this section shall be conducted pursuant to  
262 sections 4-176e to 4-184, inclusive. The office may grant an extension of  
263 time for filing the required data or mitigate or waive the penalty upon  
264 such terms and conditions as, in its discretion, it deems proper or  
265 necessary upon consideration of any extenuating factors or  
266 circumstances.

267 (d) A final order of the office assessing a civil penalty shall be  
268 subject to appeal as set forth in section 4-183 after a hearing before the  
269 office pursuant to subsection (c) of this section, except that any such  
270 appeal shall be taken to the superior court for the judicial district of  
271 New Britain. Such final order shall not be subject to appeal under any

272 other provision of the general statutes. No challenge to any such final  
273 order shall be allowed as to any issue which could have been raised by  
274 an appeal of an earlier order, denial or other final decision by the  
275 office.

276 (e) If any person or health care facility [,] or institution [, person or  
277 provider] fails to pay any civil penalty under this section, after the  
278 assessment of such penalty has become final the amount of such  
279 penalty may be deducted from payments to such person or health care  
280 facility [,] or institution [, person or provider] from the Medicaid  
281 account.

282 Sec. 11. Section 19a-676 of the general statutes is repealed and the  
283 following is substituted in lieu thereof (*Effective October 1, 2005*):

284 [For the fiscal year commencing October 1, 1992, and subsequent  
285 fiscal years] On or before April first of each year, for the preceding  
286 fiscal year, each hospital shall submit to the office, in the form and  
287 manner prescribed by the office, the data specified in [section 19a-  
288 167g-91 of the regulations of Connecticut state agencies, as from time  
289 to time amended] regulations adopted by the commissioner in  
290 accordance with chapter 54, the audit required under section 19a-649  
291 and any other data required by the office, including hospital budget  
292 system data for the hospital's twelve months actual filing  
293 requirements.

294 Sec. 12. Section 19a-681 of the general statutes is repealed and the  
295 following is substituted in lieu thereof (*Effective October 1, 2005*):

296 (a) Each hospital shall [include all applicable taxes in the price of  
297 each item in] file with the office its current pricemaster [for] which  
298 shall include each charge in its detailed schedule of charges.

299 (b) If the billing detail by line item on a patient bill does not agree  
300 with the detailed schedule of charges on file with the [Office of Health  
301 Care Access] office for the date of service specified on the bill, the

302 hospital shall be subject to a civil penalty of five hundred dollars per  
 303 occurrence payable to the state within ten business days of notification.  
 304 The penalty shall be imposed in accordance with subsections (b) to (e),  
 305 inclusive, of section 19a-653. The office may issue an order requiring  
 306 such hospital, within ten business days of notification of an overcharge  
 307 to a patient, to adjust the bill to be consistent with the schedule of  
 308 charges on file with the office for the date of service specified on the  
 309 patient bill.

310 Sec. 13. Sections 19a-617a, 19a-640 and 19a-682 of the general  
 311 statutes are repealed. (*Effective October 1, 2005*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2005</i>	19a-613
Sec. 2	<i>October 1, 2005</i>	19a-493b(c)
Sec. 3	<i>October 1, 2005</i>	19a-637(b) and (c)
Sec. 4	<i>October 1, 2005</i>	19a-639(e)
Sec. 5	<i>October 1, 2005</i>	19a-639a(b)
Sec. 6	<i>October 1, 2005</i>	19a-639e
Sec. 7	<i>October 1, 2005</i>	19a-641
Sec. 8	<i>October 1, 2005</i>	19a-643(a)
Sec. 9	<i>October 1, 2005</i>	19a-645
Sec. 10	<i>October 1, 2005</i>	19a-653
Sec. 11	<i>October 1, 2005</i>	19a-676
Sec. 12	<i>October 1, 2005</i>	19a-681
Sec. 13	<i>October 1, 2005</i>	19a-617a, 19a-640 and 19a-682 repealed

***Statement of Purpose:***

To make technical and other changes to the Office of Health Care Access statutes.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*